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SEP 1 8 2003

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28112 7590 07/11/2003

GEORGE O. SAILE & ASSOCIATES
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George O. Saile	(Depositor's name)
Gleedie O. Saile	(Signature)
Sept 8, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/054,001	01/19/2002	Mou-Shung Lin	MEG01-013	5504

TITLE OF INVENTION: THIN FILM SEMICONDUCTOR PACKAGE UTILIZING A GLASS SUBSTRATE WITH COMPOSITE POLYMER/METAL INTERCONNECT LAYERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	10/14/2003

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached). "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

George O. Saile

Stephen B. Ackerman

Douglas R. Schnabel

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Magic Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hsin-chu, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent)

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 8 The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0003 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

George O. Saile 9/8/03

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